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Customer No.:	1211) /2	<i>E</i> ₹/	or <u>Fax</u>	(571)-273-2885	-		
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HOPPWAN ES		Douglas H. Pauley (Depositor's name)					
		(Signature)					
				09 NOV 20	06		(Date)
A PRI ICA TION NO	EILING DATE		FIRST MALASTA BILITA	TOP	T.,,,,,		<i></i>
APPLICATION NO.	FILING DATE		FIRST NAMED INVEN		ATTO	RNEY DOCKET NO.	CONFIRMATION NO.
10/675,224	09/30/2003		Steffen Grun			VO-659	9882
TITLE OF INVENTION: COLORLESS GLASSES/BOROSILICATE GLASSES WITH SPECIAL UV-EDGE							
APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE D	UE PREV. PAID ISS	UE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400	\$300	\$0		\$1700	11/16/2006
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L	LIZABETH A	501-065000					
1. Change of correspond		1755	·	he natent front nage	list		
CFR 1.363).		2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys Pauley Petersen & Erickson					
Change of corresp Address form PTO/S	ondence address (or Cha B/122) attached.						
	lication (or "Fee Address	or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed no name will be privated for the 1818 of					
PTO/SB/47; Rev 03-0 Number is required.	02 or more recent) attacl	2 registered patent listed, no name wi	nated, no hance will be printed. 65 1 6 1 50 1 50 1				
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3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for							
recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)							
Schott AG Mainz, Germany							
Please check the appropriate assignee category or categories (will not be printed on the patent):							
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Payment by credit card. Form PTO-2038 is attached.							
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f Change in English Sa		. I - I	overpayment, to i	Deposit Account Num	ber 1	9-3550 (enclose an	extra copy of this form).
	atus (from status indicate	,	☐ h Applicant is no	longer claiming SM	AII EN	TITV status See 27 CE	D 1 27(~)(2)
☐ a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. ☐ b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
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